					i	
Fill in this information t	o identify	the case:				
United States Bankruptcy	/ Court fo	r the:				
Northern District of I	owa					
Case number (if known)			— Chapter <b>7</b>			
, ,			_ = 0		Check if this a	
					☐ amended filing	9
Official Form 2				_		
		ion Against a Non				12/15
against a non-individual	, use the	tcy case against a non-individual you Involuntary Petition Against an Indiv	<i>idual</i> (Official For	m 105). Be as comp	lete and accurate as pos	sible. If more space
		sheets to this form. On the top of any		, write debtor's nam	e and case number (if kr	own).
<del></del>		f the Bankruptcy Code Under Which Check one:	Petition Is Filed			
1. Chapter of the Bank Code	ruptcy	Спеск опе.				
		■ Chapter 7				
Part 2: Identify the Do	htor	☐ Chapter 11				
		Essentials, LLC				
-						
3. Other names you know the debtor						
has used in the last 8 years						
Include any assumed names, trade names, or						
doing business as names.						
4. Debtor's federal Em		☐ Unknown				
identification ruling	or (Elit)	<b>47-5453468</b> EIN				
5. Debtor's address	Princip	pal place of business		Mailing address,	if different	
		orth Main Street		1075 North		
	Numbe	er Street		Number	Street	
	Charle	es City IA 50616-0000		P.O. Box Sanger CA 9	13657 0000	
	City	State	Zip Code	City	State	Zip Code
	Floyd			Location of p	rincipal assets, if differer ness	t from principal
	County	•		Number	Street	
				City	State	Zip Code
6. Debtor's website (	JRL)					
7. Type of debtor	■ Corpo	oration (including Limited Liability Comp	any (LLC) and Lim	ited Liability Partners	hip (LLP)	
	☐ Partne	ership (excluding LLP)	, · · / ···= =·····	,	,	
8. Type of debtor's business	☐ Other Check or	type of debtor. Specify: ne:				

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)

Debtor Simply Essentials, LLC							Case number (if known)			
		☐ Sto	ockbroker (as mmodity Bro	s defined i oker (as de (as define es of busi		101(6)				
9. To the best of your knowledge, are any		■ No	o es. Debtor					Relationship		
bar per aga par	ankruptcy cases ending by or gainst any artner or affiliate f this debtor?			District		Date filed	MM / DD / YYYY	Case number, if known		
				Debtor				Relationship		
				District		Date filed	MM / DD / YYYY	Case number, if known		
Part	3: Report About	the Ca	ıse							
	Venue		k one:							
11.	Allegations  Has there been a transfer of any	Each The c  At lea  Th am Ch ap	petitioner is debtor may be ast one box in the debtor is questioned. It is a pointed or to the debtor is questioned or questioned	eligible to e the sub must be cl generally i	o file this petition undigect of an involuntary hecked: not paying its debts at the filing of this petition tantially all of the prossion.	er 11 U.S.C. § 3 case under 11 as they become on, a custodian, perty of the deb	03(b). U.S.C. § 303(a).  due, unless they are other than a trustee tor for the purpose o	, receiver, or agent appoi f enforcing a lien against		
	claim against the debtor by or to any petitioner?	□ Ye	es. Attach all	documen	ts that evidence the	transfer and an	/ statements require	d under Bankruptcy Rule	1003(a).	
13.	Each petitioner's	claim	Name of pe	etitioner		Nature of	petitioner's claim		Amount of the claim above the value of any lien	
			Pop's Po	ultry Far	m, LLC	Septeml		seven months due gh March 5, 2020 in per month.	\$138796 	
									- <del>\$</del>	
			Tyler Bor	tle		Septeml		seven months due gh March 5, 2020 in per month.	\$70539	
									\$ \$	
			Loo Erio			Unnaid	ant for building	1 1 month of	· -	
			Lee Frie			\$8,778.0	ent for building ' 0. Unpaid rent fo at \$6,440.00.		\$ <b>53858</b>	
									\$	
			Dennis G	ilbertso	1	Septeml		seven months due gh March 5, 2020 in per month.	\$ \$97496	

		\$
		\$
Clyde Gumbert	Unpaid building rent for seven months due September 5, 2019 to March 5, 2020 in the amount of \$19,514.00/month less mitigation.	\$86329.75
		\$
		\$
Dale Lahn	Unpaid building rent for seven months due September 5, 2019 through March 5, 2020 in the amount of \$29,742.00 per month.	\$208194
		\$
		\$
Curt Larson	Unpaid building rent for seven months due September 5, 2019 to March 5, 2020 in the amount of \$17,547.00/month less mitigation.	\$81135.2
		\$
		\$
Mike Schlesser	Unpaid building rent for seven months due September 5, 2019 through March 5, 2020 in the amount of \$9,914.00 per month.	\$69398
	<u> </u>	\$
		\$
	Total of petitioners' claims	\$805745.95

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

## Part 4 Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Debtor Simply Essentials, LLC	Case number (if known)
Petitioners or Petitioners' Representative	Attorneys
me and mailing address of petitioner	
p's Poultry Farm, LLC	Joseph A. Peiffer
me	Printed name
504 120th Street	Ag & Business Legal Strategies
Imber Street	Firm name, if any
plington IA 50604-0000 State Zip Code	PO Box 11425 Number Street
y State Zip Code	Cedar Rapids IA 52410-0000
ame and mailing address of petitioner's representative, if any	City State Zip Code
mic and maning address of politicity of options in any	5.00
ame	Contact phone 319-363-1641 Email
ille	Barnumber AT0006160
	Bal number A1000100
	State IA
umber Street	
y State Zip Code	
declare under penalty of perjury that the foregoing is true and correct.	
ectate under penalty of penalty that the foregoing is tide and confect.  Recuted on March 5, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
	Date signed March 6, 2020 MM / DD / YYYY
/ Tom Poppens, Initial Member	IVIIVI / DO / 1 / 1 1
gnature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
ame and mailing address of petitioner yler Bortle lame	Joseph A. Peiffer Printed name
000411011 50	
3884 US Hwy 53 umber Street	Ag & Business Legal Strategies Firm name, if any
umber Street /hitehall WI 54773-0000	PO Box 11425
ty State Zip Code	Number Street
Side Zip Code	Cedar Rapids IA 52410-0000
ame and mailing address of petitioner's representative, if any	City State Zip Code
	Contact phone 319-363-1641 Email
ame	Office Photic 413-000-1041
	Bar number AT0006160
	State IA
umber Street	
0.4. 2.0.4.	
ty State Zip Code	
declare under penalty of perjury that the foregoing is true and correct.	
executed on March 5, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
	Date signed March 6- 2020
/ Tulor Portlo	MM / DD / YYYY
/ Tyler Bortle	
gnature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
ame and mailing address of petitioner	
ee Frie	Joseph A. Peiffer
lame	Printed name

Debtor Simply Essentials, LLC	Case number (if known)
W648 Baures Road	Ag & Business Legal Strategies
Number Street	Firm name, if any
Fountain City WI 54629-0000 City State Zip Code	PO Box 11425 Number Street
	Cedar Rapids IA 52410-0000
Name and mailing address of petitioner's representative, if any	City State Zip Code
Name	Contact phone 319-363-1641 Email
. Tallo	Bar number AT0006160
	State IA
Number Street	<u>IN</u>
City State Zip Code	
I declare under penalty of perjury that the foregoing is true and correct.  Executed on March 5, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
	Date signed March 6, 2020
/s/ Lee Frie	MM / DD / YYYY
Signature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner  Dennis Gilbertson	Joseph A. Beiffer
Name	Joseph A. Peiffer Printed name
0500 U. J. B. : 4 B	
3582 High Point Road Number Street	Ag & Business Legal Strategies Firm name, if any
Spring Green WI 53588-0000	PO Box 11425
City State Zip Code	Number Street
Name and mailing address of petitioner's representative, if any	Cedar Rapids IA 52410-0000 City State Zip Code
, , , , , , , , , , , , , , , , , , , ,	Contact phone 319-363-1641 Email
Name	Des number ATOROGAGO
	Bar number AT0006160
	State IA
Number Street	
City State Zip Code	
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on March 6, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
	Date signed March 6, 2020 MM / DD / YYYY
/s/ Dennis Gilbertson	WIWI / DD / TTTT
Signature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
remoners of remoners representative	Authors
Name and mailing address of petitioner	
Clyde Gumbert	Joseph A. Peiffer
Name	Printed name
W626 Cty Rd Z	Ag & Business Legal Strategies
Number Street	Firm name, if any
Mondovi WI 54755-0000	PO Box 11425 Number Street
City State Zip Code	Cedar Rapids IA 52410-0000
Name and mailing address of petitioner's representative, if any	City State Zip Code

Debtor Simply Essentials, LLC	Case number (if known)
	Contact phone 319-363-1641 Email
Name	Bar number AT0006160
	State IA
Number Street	
City State Zip Code	
I declare under penalty of perjury that the foregoing is true and correct.  Executed on March 5, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
/o/ Chido Cumbort	Date signed March 6, 2020 MM / DD / YYYY
/s/ Clyde Gumbert Signature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner	
Dale Lahn	Joseph A. Peiffer
Name	Printed name
W166 Hwy 10  Number Street	Ag & Business Legal Strategies
Mondovi WI 54612-0000	Firm name, if any PO Box 11425
City State Zip Code	Number Street
Name and mailing address of petitioner's representative, if any	Cedar Rapids IA 52410-0000 City State Zip Code
	Contact phone 319-363-1641 Email
Name	Bar number AT0006160
Number Street	State IA
City State Zip Code	
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on March 5, 2020	/s/ Joseph A. Peiffer
MM / DD / YYYY	Signature of attorney
/s/ Dale Lahn	Date signed March 6, 2020 MM / DD / YYYY
Signature of petitioner or representative, including representative's title	
Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner Curt Larson	Joseph A. Peiffer
Name	Printed name
N50495 Thompson Road	Ag & Business Legal Strategies
Number Street	Firm name, if any
City State Zip Code	PO Box 11425 Number Street
	Cedar Rapids IA 52410-0000
Name and mailing address of petitioner's representative, if any	City State Zip Code  Contact phone 319-363-1641 Email
Name	
Number Street	State IA

Debtor Simply Essentials, LLC		Case number (if known)					
City State	Zip Code						
I declare under penalty of perjury that the foregoing is Executed on March 6, 2020  MM / DD / YYYYY  /s/ Curt Larson	s true and correct.	/s/ Joseph A. Peiffer Signature of attorney Date signed March 6, 2020 MM / DD / YYYY					
Signature of petitioner or representative, including re	procentativo's title						
	presentative's title	A.H					
Petitioners or Petitioners' Representative		Attorneys					
Name and mailing address of petitioner Mike Schlesser Name		Joseph A. P					
W682 County Rd E Number Street		Ag & Busine Firm name, if a	ess Legal Strategies	<b>3</b>			
Arcadia WI 54612-0000		PO Box 114					
City State	Zip Code	Number Str					
Name and mailing address of petitioner's represe	entative, if any	City		State	Zip Code		
		Contact phone	319-363-1641	Email			
Name		Bar number	AT0006160				
		State	IA				
Number Street							
City State	Zip Code						
I declare under penalty of perjury that the foregoing is	s true and correct.						

/s/ Joseph A. Peiffer Signature of attorney

> March 6, 2020 MM / DD / YYYY

Date signed

Executed on

/s/ Mike Schlesser

March 5, 2020 MM / DD / YYYY

Signature of petitioner or representative, including representative's title